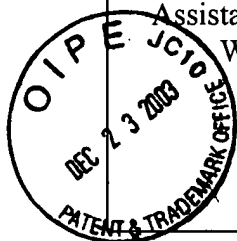


EXPRESS MAIL NO.: EV333998327US**AMENDMENT UNDER
37 C.F.R. §1.111**

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231



Attorney Docket	GRUE-003
Confirmation No.	1745
First Named Inventor	BUJARD
Application Number	09/269,874
Filing Date	August 2, 1999
Group Art Unit	1645
Examiner Name	Patricia Ann Duffy
Title	RECOMBINANT PROCESS FOR PREPARING A COMPLETE MALARIA ANTIGEN

Sir:

This amendment is responsive to the Office Action dated August 27, 2003 for which a three-month period for response was given making this response due on or before November 27, 2003. A Petition for a 1-Month Extension of Time is submitted herewith, making this amendment due on or before December 27, 2003. Accordingly, this response is timely filed.

In view of the remarks put forth below, reconsideration and allowance are respectfully requested.

01/06/2004 HVUONG1 00000050 500815 09269874

01 FC:2251 55.00 DA

01/06/2004 HVUONG1 00000050 500815 09269874

02 FC:2202 135.00 DA

03 FC:2201 129.00 DA

Please type a plus sign (+) inside this box →

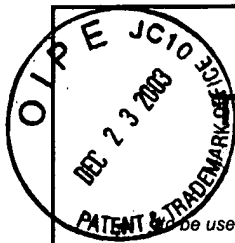
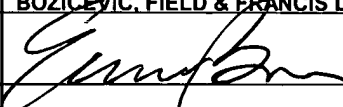


PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

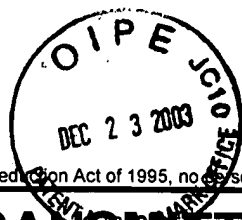
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 TRANSMITTAL FORM <small>to be used for all correspondence after initial filing)</small>	Application Number	09/269,874
	Filing Date	August 2, 1999
	First Named Inventor	BUJARD, HERMANN
	Group Art Unit	1645
	Examiner Name	DUFFY, PATRICIA ANN
Total Number of Pages in This Submission	Attorney Docket Number	GRUE-003
ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Exhibits 1-6 2) Marked-up Drawings (7 sheets) 3) Replacement and Annotated Drawings (34 sheets) 4) Associate Power of Attorney (1 pg.) 5) Return Postcard
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Signing Attorney/Agent (Reg. No.)	EDWARD J. BABA (REG. NO. 52,581) BOZICEVIC, FIELD & FRANCIS LLP	
Signature		
Date	December 23, 2003	

EXPRESS MAIL LABEL NO. EV333998327US

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 319.00)

Complete if Known

Application Number	09/269,874
Filing Date	August 2, 1999
First Named Inventor	BUJARD, HERMANN
Examiner Name	DUFFY, PATRICIA ANN
Art Unit	1645
Attorney Docket No.	GRUE-003

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit
Account
Number
Deposit
Account
Name

50-0815

Bozicevic, Field & Francis LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application.☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Fee	Small Fee	Large Fee	Small Fee	Fee Description	Fee Paid
Code (\$)	Code (\$)	Code (\$)	Code (\$)		
1001 770	2001 385	1002 340	2002 170	Utility filing fee	
1003 530	2003 265	1004 770	2004 385	Design filing fee	
1005 160	2005 80			Plant filing fee	
				Reissue filing fee	
				Provisional filing fee	

SUBTOTAL (1)

0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	56	-41** = 15 x 9	= 135
Indep. Claims	7	-4** = 3 x 43	= 129
Multiple Dependent			=

Large Fee	Small Fee	Large Fee	Small Fee	Fee Description
Code (\$)	Code (\$)	Code (\$)	Code (\$)	
1202 18	2202 9	1201 86	2201 43	Claims in excess of 20
1203 290	2203 145	1204 86	2204 43	Independent claims in excess of 3
1205 18	2205 9			Multiple dependent claim, if not paid
				** Reissue independent claims over original patent
				** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 264.00

**or number previously paid, if greater; For Reissues, see above.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051 130		2051 65		Surcharge - late filing fee or oath
1052 50		2052 25		Surcharge - late provisional filing fee or cover sheet
1053 130		1053 130		Non-English specification
1812 2,520		1812 2,520		For filing a request for ex parte reexamination
1804 920*		1804 920*		Requesting publication of SIR prior to Examination action
1805 1,840*		1805 1,840*		Requesting publication of SIR after Examiner action
1251 110		2251 55		Extension for reply within first month
1252 420		2252 210		Extension for reply within second month
1253 950		2253 475		Extension for reply within third month
1254 1,480		2254 740		Extension for reply within fourth month
1255 2,010		2255 1,005		Extension for reply within fifth month
1401 330		2401 165		Notice of Appeal
1402 330		2402 165		Filing a brief in support of an appeal
1403 290		2403 145		Request for oral hearing
1451 1,510		1451 1,510		Petition to institute a public use proceeding
1452 110		2452 55		Petition to revive - unavoidable
1453 1,330		2453 665		Petition to revive - unintentional
1501 1,330		2501 665		Utility issue fee (or reissue)
1502 480		2502 240		Design issue fee
1503 640		2503 320		Plant issue fee
1406 130		1460 130		Petitions to the Commissioner
1807 50		1807 50		Processing fee under 37 CFR 1.17(q)
1806 180		1806 180		Submission of Information Disclosure Stmt
8021 40		8021 40		Recording each patent assignment per property (times number of properties)
1809 770		2809 385		Filing a submission after final rejection (37 CFR § 1.129(a))
1810 770		2810 385		For each additional invention to be examined (37 CFR § 1.129(b))
1801 770		2801 385		Request for Continued Examination (RCE)
1802 900		1802 900		Request for expedited examination of a design application

Fee Paid

55.00

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

55.00

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	Edward J. Baba	Registration No. (Attorney/Agent)	52,581	Telephone	(650) 833-7731
Signature		Date	12/23/2003		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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